

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-670)						SERIAL NO.	FILING DATE	
						APPLICANT/ET		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
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TOTAL DEP.	37	↔	↔	↔				
TOTAL	30	↔	↔	↔				